

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>M. G.</i>		12/1/99
O.I.P.E. CLASSIFIER		12	12/1/99
FORMALITY REVIEW	<i>DW</i> <i>TAF</i>	72346 110	12-22-99 10-22-01

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

Claim	Date
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If more than 150 claims or 10 actions
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10-21-01